EFW

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/771,161				
Filing Date	January 26, 2001				
First Named Inventor	Zurit LEVINE et al.				
Group Art Unit	1652				
Examiner Name	Swope				
Attorney Docket Number	2786-0239P				

		Exami	ner Name	ne Swope						
		Attor	ney Dock	et Number	2786-	-0239P				
To: Commissioner for P.O. Box 1450 Alexandria, VA						-				
I hereby apply to wiapplication.	thdraw as attorne	ey or ag	ent for	the above-	ident	ified pa	tent			
The reasons for this request are:										
This application has been transferred to another law firm.										
1. The correspondence address is NOT affected by this withdrawal.										
2. \boxtimes Change the correspondence address and direct all future correspondence to:										
CORRESPONDENCE ADDRESS										
Customer Number	02292 Place Customer Nu Bar Code Label h									
	Staas & Halsey LLP									
Address	1201 New York Avenue									
Address	Suite 700									
City	Washington		State	DC		ZIP	20005			
Country	USA									
Telephone	202-434-1500		Fax	202-434-1501						
∑ This request is made on behalf of myself and ∑ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ∑ the attorney/agents associated with Customer Number 02292 This request is enclosed in triplicate (including any attachments).										
Name	Mar	Marc S. Weiner, #32,181								
Signature Mane / More										
Date	1	MAY 2	4 2005		-					

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.